

Idaho Division of Professional-Technical Education WEB Site Image Release Form

A release like the one below must accompany image(s) of recognizable people. If such a release is not submitted with the image, then the face will be masked. If the face is unable to be masked appropriately (because of features that are crucial to the material being presented) then the image(s) will not be used on the IDPTE Web Site.

Instructions:

- (1) Please feel free to print the release below and complete it for each recognizable person.
- (2) Next, make a copy of each release for your files.
- (3) Send this form(s) to: SkillsUSA Idaho, IDPTE, P.O. Box 83720, Boise, ID 83720-0095; or
- (4) You may fax the release to: SkillsUSA Idaho, 208-334-2365.

If you have questions please email: lpattiso@pte.idaho.gov. Include a name and telephone number where you may be contacted. Thank you.

Program Area

Check One ✓	<input type="checkbox"/> Ag Sci Tech	<input type="checkbox"/> Bus Ofc Tec	<input type="checkbox"/> EST	<input type="checkbox"/> Fam Con Sci	<input type="checkbox"/> Health Prof
<input type="checkbox"/> Tech Ed	<input type="checkbox"/> Marketing	<input checked="" type="checkbox"/> E&IS	<input type="checkbox"/> Other		

I _____ (insert your full name), give the Idaho Division of Professional-Technical Education (IDPTE), permission with respect to the image(s), (photographs, film, tape, etc.), taken of me during: **June 2005 through May 2006** in conjunction with SkillsUSA Idaho activities, to use the image(s) on the IDPTE Web Site along with my name in conjunction therewith, if IDPTE so chooses.

I release and discharge the person(s) who took the image(s) of me, his/her heirs, executors, assigns and any designee from any and all claims and demands arising out of or in connection with the use of these images (photographs, film, tape), including but not limited to any claims for defamation or invasion of privacy.

I am of legal age (18 years old), or am the parent/legal guardian of the above subject and have read the foregoing and fully understand the contents thereof.

_____ Signature	_____ Phone	_____ Date
_____ Print Name	_____ Witnessed by (person of legal age)	
_____ Name of Advisor	_____ School	